



U.S. Department of State  
**NONIMMIGRANT VISA APPLICATION**

Approved OMB 1405-0016  
Expires 08/31/2004  
Estimated Burden 1 hour  
See Page 2

PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM					
1. Passport Number		2. Place of Issuance: City		Country	State/Province
3. Issuing Country		4. Issuance Date (dd-mm-yyyy)		5. Expiration Date (dd-mm-yyyy)	
6. Surnames (As in Passport)					
7. First and Middle Names (As in Passport)					
8. Other Surnames Used (Maiden, Religious, Professional, Aliases)					
9. Other First and Middle Names Used				10. Date of Birth (dd-mm-yyyy)	
11. Place of Birth: City		Country	State/Province	12. Nationality	
13. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	14. National Identification Number (If applicable)		15. Home Address (Include apartment number, street, city, state or province, postal zone and country)		
16. Home Telephone Number		Business Phone Number		Mobile/Cell Number	
Fax Number		Business Fax Number		Pager Number	
17. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single (Never Married) <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		18. Spouse's Full Name (Even if divorced or separated. Include maiden name.)		19. Spouse's DOB (dd-mm-yyyy)	
20. Name and Address of Present Employer or School Name: Address:					
21. Present Occupation (If retired, write "retired". If student, write "student".)			22. When Do You Intend To Arrive in The U.S.? (Provide specific date if known)		23. E-mail Address
24. At What Address Will You Stay in The U.S.?					
<b>BARCODE</b>					
25. Name and Telephone Numbers of Person in U.S. Who You Will Be Staying With or Visiting for Tourism or Business					
Name			Home Phone		
Business Phone			Cell Phone		
26. How Long Do You Intend To Stay in The U.S.?		27. What is The Purpose of Your Trip?			
28. Who Will Pay For Your Trip?		29. Have You Ever Been in The U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		When? _____			
		FOR HOW LONG? _____			

50 mm x 50 mm

PHOTO

staple or glue photo here

30. Have You Ever Been Issued a U.S. Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No WHEN? _____ WHERE? _____ WHAT TYPE OF VISA? _____	31. Have You Ever Been Refused a U.S. Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No WHEN? _____ WHERE? _____ WHAT TYPE OF VISA? _____
32. Do You Intend To Work In The U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If YES, give the name and complete address of U.S. Employer.)	33. Do You Intend To Study In The U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If YES, give the name and complete address of the school.)
34. Names and Relationships of Persons Traveling With You	
35. Has Your U.S. Visa Ever Been Cancelled or Revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	36. Has Anyone Ever Filed an Immigrant Visa Petition on Your Behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Who? _____
37. Are Any of The Following Persons in The U.S., or Do They Have U.S. Legal Permanent Residence or U.S. Citizenship? Mark YES or NO and indicate that person's status in the U.S. (i.e., U.S. legal permanent residence or U.S. citizen, visiting, studying, working, etc.).	
<input type="checkbox"/> YES <input type="checkbox"/> NO Husband/ Wife _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Fiance/ Fiancee _____
<input type="checkbox"/> YES <input type="checkbox"/> NO Father/ Mother _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Son/ Daughter _____
<input type="checkbox"/> YES <input type="checkbox"/> NO Brother/ Sister _____	
38. IMPORTANT: ALL APPLICANTS MUST READ AND CHECK THE APPROPRIATE BOX FOR EACH ITEM. A visa may not be issued to persons who are within specific categories defined by law as inadmissible to the United States (except when a waiver is obtained in advance). Is any of the following applicable to you?	
<input type="checkbox"/> Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty or other similar legal action? Have you ever unlawfully distributed or sold a controlled substance (drug), or been a prostitute or procurer for prostitutes? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>	
<input type="checkbox"/> Have you ever been refused admission to the U.S., or been the subject of a deportation hearing, or sought to obtain or assist others to obtain a visa, entry into the U.S., or any other U.S. immigration benefit by fraud or willful misrepresentation or other unlawful means? Have you attended a U.S. public elementary school on student (F) status or a public secondary school after November 30, 1996 without reimbursing the school? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>	
<input type="checkbox"/> Do you seek to enter the United States to engage in export control violations, subversive or terrorist activities, or any other unlawful purpose? Are you a member or representative of a terrorist organization as currently designated by the U.S. Secretary of State? Have you ever participated in persecutions directed by the Nazi government of Germany; or have you ever participated in genocide? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>	
<input type="checkbox"/> Have you ever violated the terms of a U.S. visa, or been unlawfully present in, or deported from, the United States? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>	
<input type="checkbox"/> Have you ever withheld custody of a U.S. citizen child outside the United States from a person granted legal custody by a U.S. court, voted in the United States in violation of any law or regulation, or renounced U.S. citizenship for the purpose of avoiding taxation? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>	
<input type="checkbox"/> Have you ever been afflicted with a communicable disease of public health significance or a dangerous physical or mental disorder, or ever been a drug abuser or addict? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>	
While a YES answer does not automatically signify ineligibility for a visa, if you answered YES you may be required to personally appear before a consular officer.	
39. Was this Application Prepared by Another Person on Your Behalf? (If answer is YES, then have that person complete item 40.) <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>	
40. Application Prepared By: NAME: _____ Relationship to Applicant: _____ ADDRESS: _____ Signature of Person Preparing Form: _____ DATE (dd-mm-yyyy) _____	
41. I certify that I have read and understood all the questions set forth in this application and the answers I have furnished on this form are true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may result in the permanent refusal of a visa or denial of entry into the United States. I understand that possession of a visa does not automatically entitle the bearer to enter the United States of America upon arrival at a port of entry if he or she is found inadmissible.	
APPLICANT'S SIGNATURE _____ DATE (dd-mm-yyyy) _____	
Privacy Act and Paperwork Reduction Act Statements INA Section 222(f) provides that visa issuance and refusal records shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, or other laws of the United States. Certified copies of visa records may be made available to a court which certifies that the information contained in such records is needed in a case pending before the court. Public reporting burden for this collection of information is estimated to average 1 hour per response, including, time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. You do not have to provide the information unless this collection displays a currently valid OMB number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Departments of State, A/RPS/DIR, Washington, D.C. 20520-1849.	